

- 2 De Schryver A, Meheus A. International travel and sexually transmitted diseases. *World Health Stat* 1989; 42:90-9.

Focal vulvitis and localised dyspareunia

We were most interested to read Dr Oates recent article on focal vulvitis and localised dyspareunia in *Genitourin Med* 1990;66:28-30.¹ However, we would like to draw your attention to a recent article on this subject which has been discussed by McKay in the *Archives of Dermatology*.²

In 1983 two different authors described separately the pathological changes of vestibular glands and the treatment of the symptom-complex, which consists of vulval burning, dyspareunia associated with erythema around the vestibular gland and focal tenderness.^{3,4} However, in 1987 Friedrich⁵ who was unable to detect any active infection in the vestibular gland, called this a vulvar vestibulitis syndrome. In our view Peckham *et al*⁶ also had described in 1986 the same condition but under a different title.

Some recent work by Turner and Marinoff⁷ has ascribed dyspareunia to human papilloma virus (HPV) infection in some instances. They in 1988 had studied seven patients with vulvar vestibulitis syndrome and discovered acetowhite areas in the vulvar vestibule in all their patients, but histology proved non-diagnostic in four. However, using the Southern blot method for DNA hybridisation all their seven patients were positive for HPV DNA, but only one was type 6. In the remaining six patients typing for 6, 11, 16, 18, and 31 was negative.

These authors suggested that HPV infection could be one of the causes of vulvar vestibulitis syndrome which is therefore treatable. We are not sure whether treatment of such sub-clinical HPV lesions would prove beneficial in every case. We would agree with McKay² that as multiple factors influence the subjective complaints of vulvodynia which needs a thorough diagnostic search, along with sympathetic approach and understanding, a larger study of this complex problem would be of great help.

R NADARAJAH
K R HAYE

Manchester Royal Infirmary,
Oxford Rd, Manchester M13 9WL

- 1 Oates JK. Focal vulvitis and localised dyspareunia. *Genitourin Med* 1990;66:28-30.
- 2 McKay M. Vulvodynia. *Arch Dermatol* 1989;135:256-62.
- 3 Friedrich EG. The vulvar vestibule. *J Reprod Med* 1983;28:773-9.
- 4 Woodruff JD, Palmley TH. Infection of the minor vestibular gland. *Obstet Gynaecol* 1983;62:609-11.
- 5 Friedrich EG. Vulvar vestibulitis syndrome. *J Reprod Med* 1987;32:110.
- 6 Peckham BM, Maki DG, Patterson JJ, Hefez GR. Focal vulvitis: a characteristic syndrome and cause of dyspareunia. *Am J Obstet Gynecol* 1986;154:856-64.
- 7 Turner MLC, Marinoff SF. Association of human papilloma virus with vulvodynia and vulvar vestibulitis syndrome. *J Reprod Med* 1988;33:533-7.

NOTICES

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

18th World Congress of Dermatology—New York, 12-18 June 1992

The next (18th) World Congress of Dermatology will take place in New York City from 12-18 June 1992. "Dermatology—Progress and Perspectives" is the theme of the 6 day programme, focusing on the most recent advances and important issues in worldwide dermatology, and future directions in research and therapy. The Congress will provide a stimulating educational experience and a unique opportunity for dermatologists to interact with colleagues from all over the world.

John S Strauss has been named President of the Congress, and Stephen I Katz will serve as the Secretary General. Honorary

Presidents are Rudolf L Baer and Clarence S Livingood. Alan R Shalita is the Deputy Secretary General.

The preliminary programme, abstract forms, and registration materials will be available in December 1990. Additional information can be obtained from the 18th Congress Secretariat, 22 Euclid Street, Woodbury, NJ 08096, USA.

The Medical Society for the Study of Venereal Diseases (MSSVD) Undergraduate Prize — Regulations

- 1 A prize of £150.00, to be called the MSSVD Undergraduate Prize, will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).
- 2 Entries for the prize will take the form of a report written in English.
- 3 The subject of the report should be related to sexually transmitted disease, genitourinary medicine, or human immunodeficiency virus (HIV) related infection.
- 4 The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings, and discussion. A summary of the report should also be provided on a separate sheet. Entries must be machine or type written, with double spacing, on one side only of A4 paper. Three copies must be submitted.
- 5 The subject must be approved by a genitourinary physician at the entrant's medical school. The observation must be made before full registration. A winner may not enter for the prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.
- 6 Entries should be submitted to the honorary secretary of the MSSVD by June 30 each year. They will then be considered by the president, the honorary secretary, and the honorary treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to council,